

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024479

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3280

STATE FILE NUMBER

FILED JUL 5 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in 1b <u>11 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED <u>William Mark Martin</u>		d. STREET ADDRESS <u>800 Lydia</u>	
HOSPITAL OR INSTITUTION <u>3217 Cleveland</u>		If outside, give location Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>MARK</u> Last <u>MARTIN</u>			4. DATE OF DEATH Month <u>6</u> Day <u>5</u> Year <u>1963</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-4-77</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Misc. Job</u>		11. BIRTHPLACE (City and state or country) <u>Olean, New York</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Martin</u>		13b. MOTHER'S MAIDEN NAME <u>"UNKNOWN"</u>	
14. SOCIAL SECURITY NO. <u>None</u>		15. INFORMANT <u>Records: Jackson County Hall</u>		16. NAME OF HUSBAND OR WIFE <u>None</u>	
17. WAS DECEASED MEMBER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service <u>no</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> <u>10 years</u> <u>14 years</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>5:45 a.m.</u> Month, Day, Year <u>9-13-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>6-5-63</u>	
20g. COUNTY		20h. STATE	

21. I attended the deceased from <u>9-13-62</u> to <u>6-5-63</u> and last saw him alive on <u>6-5-63</u> Death occurred at <u>5:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Frank Paul Laureman M.D.</u>	22b. ADDRESS <u>428 S. White Ave</u>
22c. NAME OF CEMETERY OR CREMATORY <u>Mount Calvary Cemetery</u>	22d. LOCATION (City, town, or county) <u>Kansas City, Kansas</u>
22e. DATE RECD. BY LOCAL REG. <u>6-10-63</u>	22f. REGISTRAR'S SIGNATURE <u>Ruth H. Long</u>

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23a. DATE <u>6-10-63</u>	23b. ADDRESS <u>Heilbert Funeral Homes (24) 24 C., Mo.</u>
23c. DATE SIGNED <u>6-5-63</u>		

USE BLACK INK

OR

TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Jack F. Moore

Licensed Embalmer No.

4729

P. O. Address

Timble, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.